

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

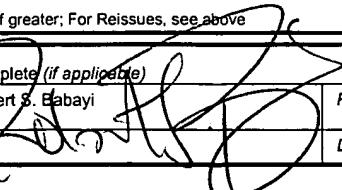
JUN 17 2005

**TOTAL AMOUNT OF PAYMENT** (\$ 1000)

| Complete if Known    |                      |
|----------------------|----------------------|
| Application Number   | 10/644,906           |
| Filing Date          | August 21, 2003      |
| First Named Inventor | Yungtaek JANG et al. |
| Examiner Name        | Shawn Riley          |
| Group / Art Unit     | 2838                 |
| Attorney Docket No.  | 36977-190011         |

| METHOD OF PAYMENT (check one)  |                  | FEE CALCULATION (continued)   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
|--|------------------|---|-----------------|--|----------|--------------|------------------|-----------------|-----------------|----------------|----------|--------------------|-----|------|-----|--------------------|--|--------------------|-----|------|----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|-----|-------------------------|--|------|-----|------|----|------------------------|--|------|-----|------|----|-----------------------|--|------|-----|------|-----|-------------------------|--|------|-----|------|----|-------------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|------|--|--|------|-----|------|-----|------------------|-------|------|-----|------|-----|-------------------------------------|-------|------|-------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-------|------|-----|-----------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|---------------------|--|--|--|-----------------------|--|-----------------------------------|--|--|--|--|--|
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |                  | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Lrg Ent Fee (\$)</th> <th>Sm Ent Fee (\$)</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search Fee</td><td></td></tr> <tr><td>1112</td><td>100</td><td>2112</td><td>50</td><td>Design Search Fee</td><td></td></tr> <tr><td>1113</td><td>300</td><td>2113</td><td>150</td><td>Plant Search Fee</td><td></td></tr> <tr><td>1114</td><td>500</td><td>2114</td><td>250</td><td>Reissue Search Fee</td><td></td></tr> <tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination Fee</td><td></td></tr> <tr><td>1312</td><td>130</td><td>2312</td><td>65</td><td>Design Examination Fee</td><td></td></tr> <tr><td>1313</td><td>160</td><td>2313</td><td>80</td><td>Plant Examination Fee</td><td></td></tr> <tr><td>1314</td><td>600</td><td>2314</td><td>300</td><td>Reissue Examination Fee</td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2215</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td>\$500</td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a Brief in Support of Appeal</td><td>\$500</td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1,100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>790</td><td>2809</td><td>395</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>790</td><td>2810</td><td>395</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>790</td><td>2801</td><td>395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr> <td colspan="4">Other fee (specify)</td> <td colspan="2">SUBTOTAL (3) (\$1000)</td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td colspan="2"></td> </tr> </tbody> </table> |                 |  |          | Fee Code     | Lrg Ent Fee (\$) | Sm Ent Fee (\$) | Fee Description |                | Fee Paid | 1111               | 500 | 2111 | 250 | Utility Search Fee |  | 1112               | 100 | 2112 | 50 | Design Search Fee |  | 1113 | 300 | 2113 | 150 | Plant Search Fee |  | 1114 | 500 | 2114 | 250 | Reissue Search Fee |  | 1311 | 200 | 2311 | 100 | Utility Examination Fee |  | 1312 | 130 | 2312 | 65 | Design Examination Fee |  | 1313 | 160 | 2313 | 80 | Plant Examination Fee |  | 1314 | 600 | 2314 | 300 | Reissue Examination Fee |  | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 120 | 2215 | 60 | Extension for reply within first month |  | 1252 | 450 | 2252 | 225 | Extension for reply within second month |  | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month |  | 1255 | 2,160 | 2255 | 1080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal | \$500 | 1402 | 500 | 2402 | 250 | Filing a Brief in Support of Appeal | \$500 | 1403 | 1,000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable |  | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional |  | 1501 | 1,400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1,100 | 2503 | 550 | Plant issue fee |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) |  | Other fee (specify) |  |  |  | SUBTOTAL (3) (\$1000) |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Fee Code   | Lrg Ent Fee (\$) | Sm Ent Fee (\$)   | Fee Description |  | Fee Paid |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1111   | 500              | 2111  | 250             | Utility Search Fee   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1112   | 100              | 2112  | 50              | Design Search Fee  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1113   | 300              | 2113  | 150             | Plant Search Fee   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1114   | 500              | 2114  | 250             | Reissue Search Fee   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1311   | 200              | 2311  | 100             | Utility Examination Fee  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1312   | 130              | 2312  | 65              | Design Examination Fee   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1313   | 160              | 2313  | 80              | Plant Examination Fee  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1314   | 600              | 2314  | 300             | Reissue Examination Fee  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1051   | 130              | 2051  | 65              | Surcharge - late filing fee or oath  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1052   | 50               | 2052  | 25              | Surcharge - late provisional filing fee or cover sheet.                    |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1053   | 130              | 1053  | 130             | Non-English specification  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1812   | 2,520            | 1812  | 2,520           | For filing a request for reexamination                                     |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1804   | 920*             | 1804  | 920*            | Requesting publication of SIR prior to Examiner action                     |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1805   | 1,840*           | 1805  | 1,840*          | Requesting publication of SIR after Examiner action                        |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1251   | 120              | 2215  | 60              | Extension for reply within first month                                     |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1252   | 450              | 2252  | 225             | Extension for reply within second month                                    |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1253   | 1,020            | 2253  | 510             | Extension for reply within third month                                     |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1254   | 1,590            | 2254  | 795             | Extension for reply within fourth month                                    |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1255   | 2,160            | 2255  | 1080            | Extension for reply within fifth month                                     |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1401   | 500              | 2401  | 250             | Notice of Appeal   | \$500    |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1402   | 500              | 2402  | 250             | Filing a Brief in Support of Appeal  | \$500    |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1403   | 1,000            | 2403  | 500             | Request for oral hearing   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1451   | 1,510            | 1451  | 1,510           | Petition to institute a public use proceeding                              |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1452   | 500              | 2452  | 250             | Petition to revive - unavoidable   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1453   | 1,500            | 2453  | 750             | Petition to revive - unintentional   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1501   | 1,400            | 2501  | 700             | Utility issue fee (or reissue)   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1502   | 800              | 2502  | 400             | Design issue fee   |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1503   | 1,100            | 2503  | 550             | Plant issue fee  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1807   | 50               | 1807  | 50              | Processing fee under 37 CFR 1.17 (q)                                       |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1806   | 180              | 1806  | 180             | Submission of Information Disclosure Stmt                                  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 8021   | 40               | 8021  | 40              | Recording each patent assignment per property (times number of properties) |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1809   | 790              | 2809  | 395             | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1810   | 790              | 2810  | 395             | For each additional invention to be examined (37 CFR § 1.129(b))           |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| 1801   | 790              | 2801  | 395             | Request for Continued Examination (RCE)                                    |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| Other fee (specify)  |                  |   |                 | SUBTOTAL (3) (\$1000)  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                  |   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$0)  |                  |   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20 **</th> <th>=</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td></td> <td>=</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>=</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                  |   |                 |  |          | Total Claims | -20 **           | =               | Extra Claims    | Fee from below | Fee Paid | Independent Claims |     | =    |     |                    |  | Multiple Dependent |     | =    |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| Total Claims   | -20 **           | =   | Extra Claims    | Fee from below   | Fee Paid |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| Independent Claims   |                  | =   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| Multiple Dependent   |                  | =   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$)   |                  |   |                 |  |          |              |                  |                 |                 |                |          |                    |     |      |     |                    |  |                    |     |      |    |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |     |                         |  |      |     |      |    |                        |  |      |     |      |    |                       |  |      |     |      |     |                         |  |      |     |      |    |                                     |  |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |     |   |  |      |       |      |      |  |  |      |     |      |     |                  |       |      |     |      |     |                                     |       |      |       |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |       |      |     |                 |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |                     |  |  |  |                       |  |                                   |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |   | Complete (if applicable) |        |               |              |
|-------------------|---|--------------------------|--------|---------------|--------------|
| Name (Print/Type) | Robert S. Babayi  | Reg No. Attorney/Agent)  | 33,471 | Telephone     | 202-344-4000 |
| Signature         |  |                          | Date   | June 17, 2005 |              |

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